

Best Available Copy

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Smc | | 10/9/00 |
| O.I.P.E. CLASSIFIER | | 48 | 10/12/00 |
| FORMALITY REVIEW | H.S. | 545 | 11-6-00 |
| RESPONSE FORMALITY REVIEW | TZ | JC94 | 01/21/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral).... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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